IX. 510(k) Summary of Safety and Effectiveness

SUBMITTER:	United States Surgical Corporation 150 Glover Avenue Norwalk, CT 06856
CONTACT PERSON:	Seth A. Schulman
DATE PREPARED:	December 10, 1999
CLASSIFICATION NAME:	Absorbable Surgical Suture
COMMON NAME:	Synthetic Absorbable Surgical Suture
PROPRIETARY NAME:	Not yet determined
PREDICATE DEVICES:	Monofilament Biosyn* Suture (K945285)
DEVICE DESCRIPTION:	Modified Monofilament Biosyn* Suture is a synthetic absorbable suture which is prepared from a synthetic copolyester.
INTENDED USE:	Modified Monofilament Biosyn* Suture has indications for use in general soft tissue approximation and/or ligation including use in ophthalmic surgery, but not for use in cardiovascular or neurological surgery.
MATERIALS:	All component materials of the Modified Monofilament Biosyn* Suture are comprised of materials which are in accordance with ISO Standard # 10993-1.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR 3 0 2000

Mr. Seth A. Schulman
Senior Associate, Regulatory Affairs
United States Surgical Corporation
150 Glover Avenue
Norwalk, Connecticut 06856

Re: K000037
Trade Name: Modified Monofilament Biosyn Suture
Regulatory Class: II
Product Code: GAM
Dated: January 5, 2000
Received: January 6, 2000

Dear Mr. Schulman:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices that were regulated as transitional devices and that have been reclassified into class II. Notice of this reclassification was published in the Federal Register on Wednesday, September 18, 1991 (Vol. 56, No. 18, Pages 47150 and 47151). A copy of this Federal Register can be obtained by calling the Division of Small Manufacturers Assistance (DSMA) at (800) 638-2041 or (301) 443-6597. You may, therefore, market the device subject to the general controls provisions of the Federal Food, Drug, and Cosmetic Act (Act) and the following limitations:

1. The Modified Monofilament Biosyn Surgical Suture is indicated for use in general soft tissue approximation and/or ligation, including use in ophthalmic procedures, but not for use in cardiovascular and neurological procedures.

2. This device may not be manufactured from any material other than homopolymers and copolymers made from glycolide and/or L-lactide. Any deviation of the polymer composition or processing as described in this 510(k) notification must be submitted to FDA in a new premarket notification at least 90 days prior to implementation of the proposed change(s). In addition, you must maintain documentation at your premises regarding vendor certification for raw or semiprocessed source material, all manufacturing and quality control release procedures, and validation of sterilization procedures used in the manufacturing of the Modified Monofilament Biosyn surgical suture. Any deviation of the source material or processing as described in this 510(k) notification requires submission of a new premarket notification and Food and Drug Administration (FDA) clearance prior to commercial distribution of the modified device.

The sale, distribution and use of this device are restricted to prescription use in accordance with 21 CFR 801.109.

The general controls provisions of the Act include requirements for registration, listing of devices, good manufacturing practice, and labeling, and prohibition against misbranding and adulteration.

Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Good Manufacturing Practice for Medical Devices: General (GMP) regulation (21 CFR Part 820) and that, through periodic GMP inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Neil R.P. Ogden for

Celia M. Witten, Ph.D., M.D.
Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

IV. Indications For Use:

510(k) Number (if known): K000037

Name: Modified Monofilament Biosyn* Suture

Indications For Use:
Modified Monofilament Biosyn* Suture has indications for use in general soft tissue approximation and/or ligation including use in ophthalmic surgery, but not for use in cardiovascular or neurological surgery.

NPO for CMW

(Division Sign-Off)
Division of General Restorative Devices
510(k) Number K000037

(Please do not write below this line - continue on another page if needed)

Concurrence of CDRH, Office of Evaluation (ODE)

Prescription Use: X OR Over-The-Counter Use: _____
(Per 21 CFR §801.109)